

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>09/686,136</td> </tr> <tr> <td>Filing Date</td> <td>10-11-2000</td> </tr> <tr> <td>First Named Inventor</td> <td>Fredrik Malmer</td> </tr> <tr> <td colspan="2" style="text-align: center;"> <b>SYSTEM AND METHOD FOR PROVIDING A WEB-BASED OPERATING SYSTEM</b> </td> </tr> <tr> <td>Title</td> <td></td> </tr> <tr> <td>Art Unit</td> <td>2144</td> </tr> <tr> <td>Examiner Name</td> <td>Yemane Mesfin</td> </tr> <tr> <td>Attorney Docket No.</td> <td>21777-69009</td> </tr> </table>	Application Number	09/686,136	Filing Date	10-11-2000	First Named Inventor	Fredrik Malmer	<b>SYSTEM AND METHOD FOR PROVIDING A WEB-BASED OPERATING SYSTEM</b>		Title		Art Unit	2144	Examiner Name	Yemane Mesfin	Attorney Docket No.	21777-69009
Application Number	09/686,136																
Filing Date	10-11-2000																
First Named Inventor	Fredrik Malmer																
<b>SYSTEM AND METHOD FOR PROVIDING A WEB-BASED OPERATING SYSTEM</b>																	
Title																	
Art Unit	2144																
Examiner Name	Yemane Mesfin																
Attorney Docket No.	21777-69009																
I hereby revoke all previous powers of attorney given in the above-identified application.																	
<input type="checkbox"/> A Power of Attorney is submitted herewith. OR																	
<input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute this application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:																	
<div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;">24728</div>																	
<input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:																	
Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number														
Please recognize or change the correspondence address for the above-identified application to:																	
<input checked="" type="checkbox"/> The address associated with this above-mentioned Customer Number:																	
OR																	
<input type="checkbox"/> The address associated with Customer Number:																	
<div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;"></div>																	
<input type="checkbox"/> Firm or Individual Name:																	
Address:																	
City:	State:	Zip:															
Country:	Telephone:	Other:															
I am the:																	
<input type="checkbox"/> Applicant/Inventor.																	
OR																	
<input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71.																	
Statement under 37 CFR 3.71(b) (Form PTO/SB/94) submitted herewith or filed on:																	
SIGNATURE of Applicant or Assignee of Record																	
Signature			Date														
Name	Tural Parang		Telephone														
Title and Company	VP Strategy & Corporate Development / Webs.com																
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required. See below.																	
<input type="checkbox"/> Total of _____ forms are submitted.																	